

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shuettown Md</i>		County <i>Summit</i>		MARYLAND	
Date of death	1908	Month 8	Day 16	Age 65	Months Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	<i>Farmer</i>		Where Residing if not at place of death	<i>Shuettown Md</i>	
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Hester Adams</i>	
Father's Name	<i>Don't Know</i>		Father's Birthplace	<i>Don't Know</i>	
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>John Roberts</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

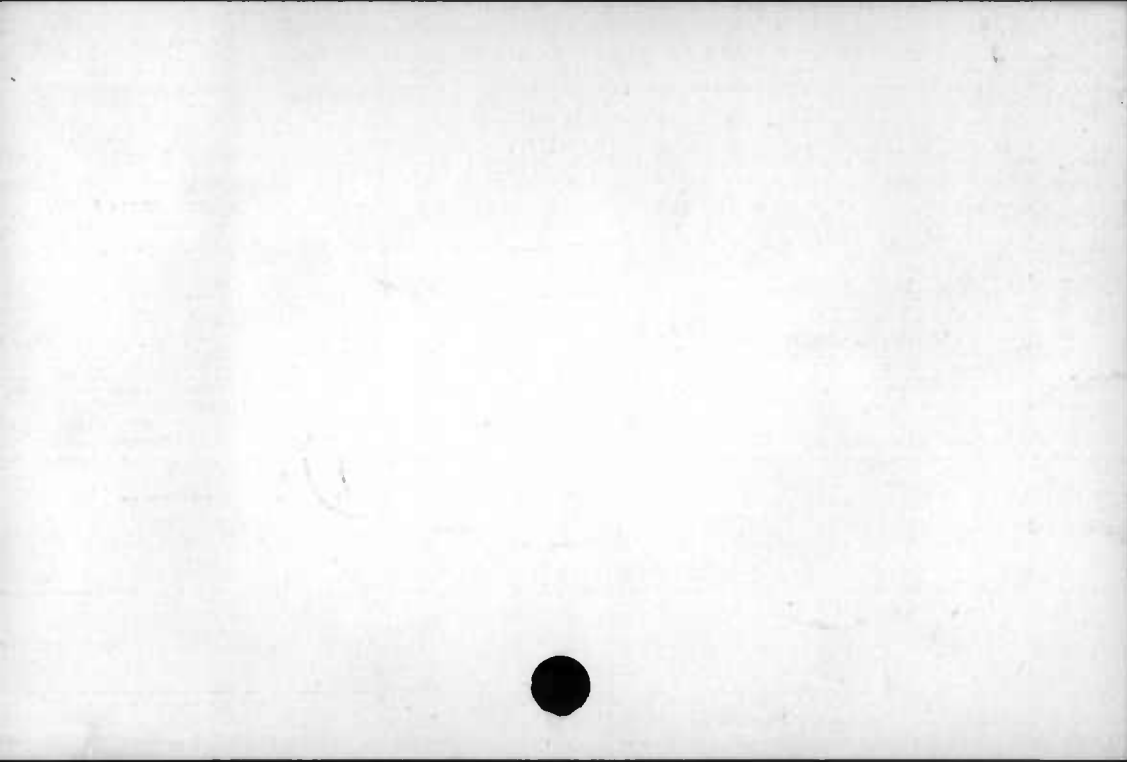
120

PHYSICIAN
OR CORONER

Primary	<i>Bright's</i>	How long	<i>9 months</i>
Immediate	<i>Dropsy</i>	How long	<i>1 - -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Just</i>	Signature of Physician	<i>None</i>
		Address	<i>E A Lankford</i>
Accident or Suicide?			<i>Int Reg</i>



Name in Full		Loyla Bowser.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Upper Fairmount	County Somerset		MARYLAND	
	Date of death	1908	Month Aug.	Day 1	Age 8	Months —	Days 20
	Sex	Female		Color or Race	Black		Birth place
	Occupation	Attend School		Where Residing if not at place of death		at her home	
	Married, Single or Widowed	Child		Name of Wife or Husband			
	Father's Name	Alexander Bowser		Father's Birthplace	Upper Fairmount		
	Mother's Maiden Name	Hennie Bowser		Mother's Birthplace	Upper Fairmount		
Name of person giving information	Hennie Bowser		How related to deceased		Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	don't know
	Immediate					How long	don't know
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. W. Landon, Sub Reg.
					Address		Landonville, Md.
Accident or Suicide?							



Name
in
Full

Jacob Robert Corbman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Kingston</i>		Town <i>Kingston</i>		County <i>Somerset Co</i>		MARYLAND	
Date of death	1908	Month	Aug	Day	15	Age	Years 78
Sex	Male		Color or Race	White		Birth-place	Ontario Canada
Occupation	Farming			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Amanda Weeks			
Father's Name	William Corbman					Father's Birthplace	Canada
Mother's Maiden Name	Stoneburg					Mother's Birthplace	Canada
Name of person giving information	Joe Corbman					How related to deceased	Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>ne phritis & Heart Seizure</i>		How long	<i>Don't Know</i>
Immediate	<i>Cardiac Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>J. H. B. Alley</i>
			Address	<i>Sumner Ind.</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joseph Cattingham</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Crisfield</i>		Month <i>Aug</i>		Day <i>19</i>		Age <i>22</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Marion</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Hattie Cattingham</i>					
Father's Name <i>Joseph Cattingham</i>		Father's Birthplace <i>Marion</i>					
Mother's Maiden Name <i>Zipporah Cattingham</i>		Mother's Birthplace <i>Marion</i>					
Name of person giving information <i>Joseph Cattingham</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

166

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

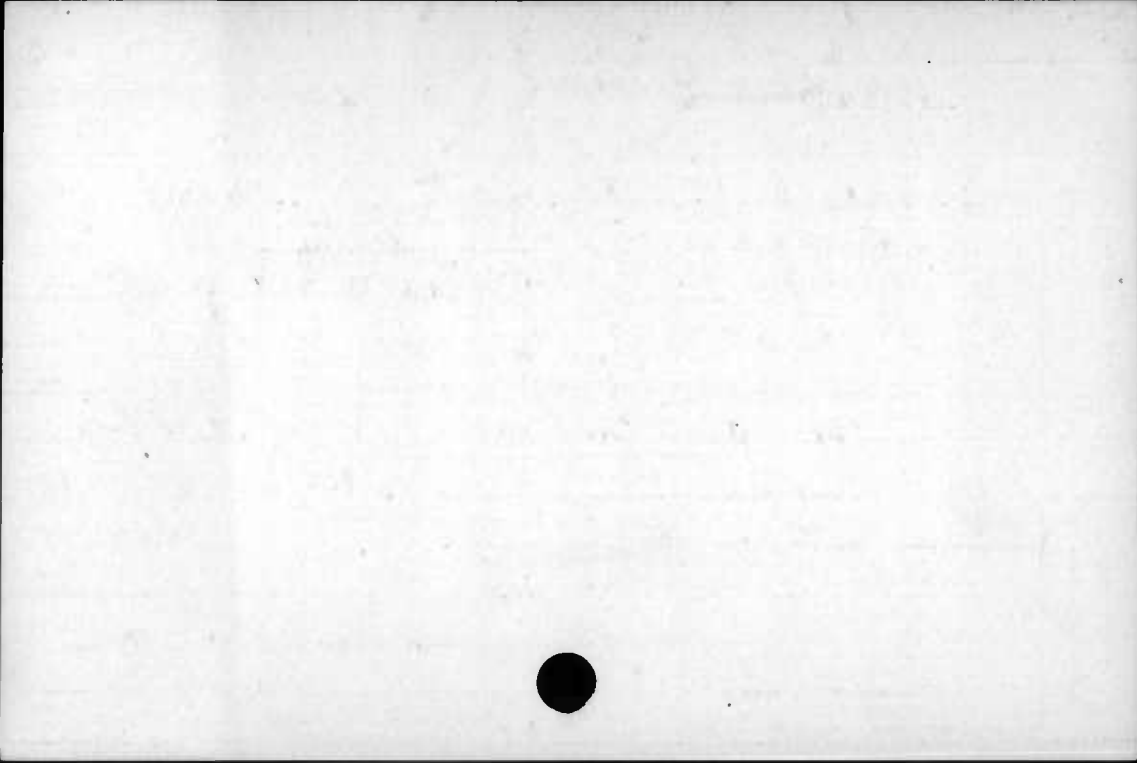
Signature of Physician

Address

Accident or Suicide?

How long

*Immediate**Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>George W. Ford</i>		County <i>Somerset</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1908</i>	<i>Aug.</i>	<i>4</i>	<i>74</i>		
Sex <i>male</i>	Race <i>white</i>		Birth-place <i>Somerset Md.</i>		
Occupation <i>Blacksmith</i>	Where Residing if not at place of death <i>James home Md.</i>				
Married, single or widowed	Name of Wife or Husband <i>Precilla Ford</i>				
Father's Name <i>Edward Ford</i>	Father's Birthplace <i>Somerset Md.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Somerset Md.</i>				
Name of person giving information <i>George Gardner</i>	How related to deceased <i>By marriage</i>				

CAUSES OF DEATH

106

How long

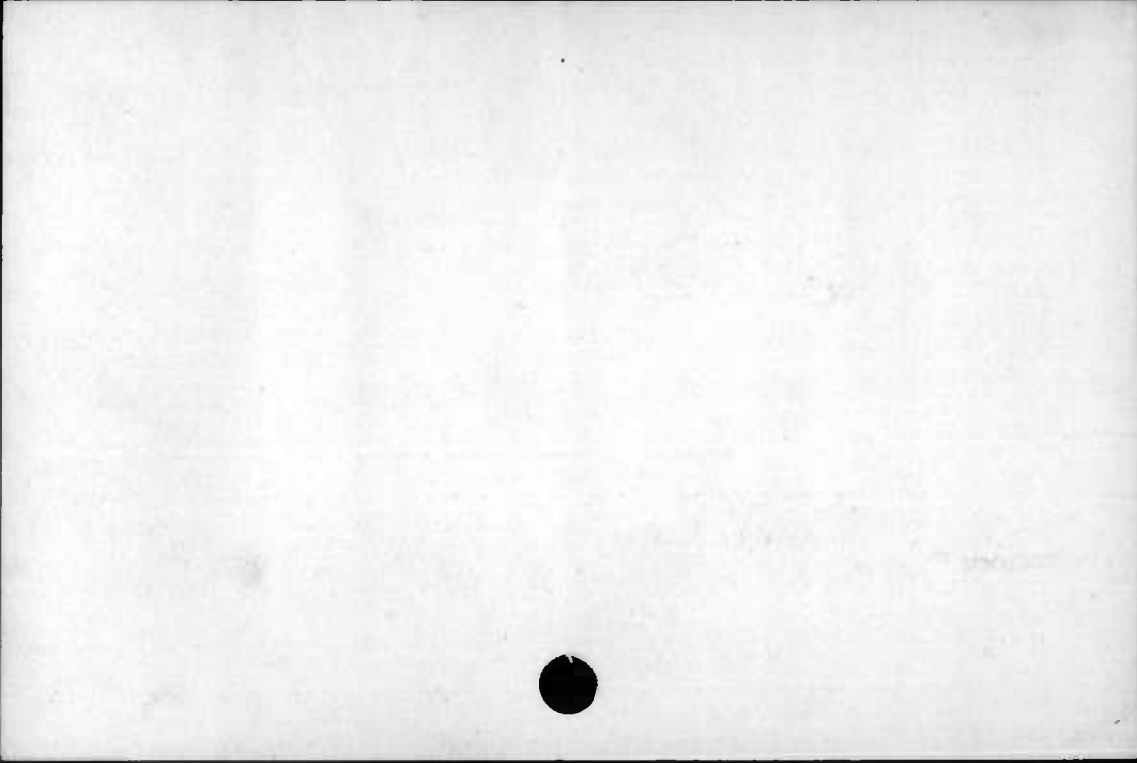
3 months

How long

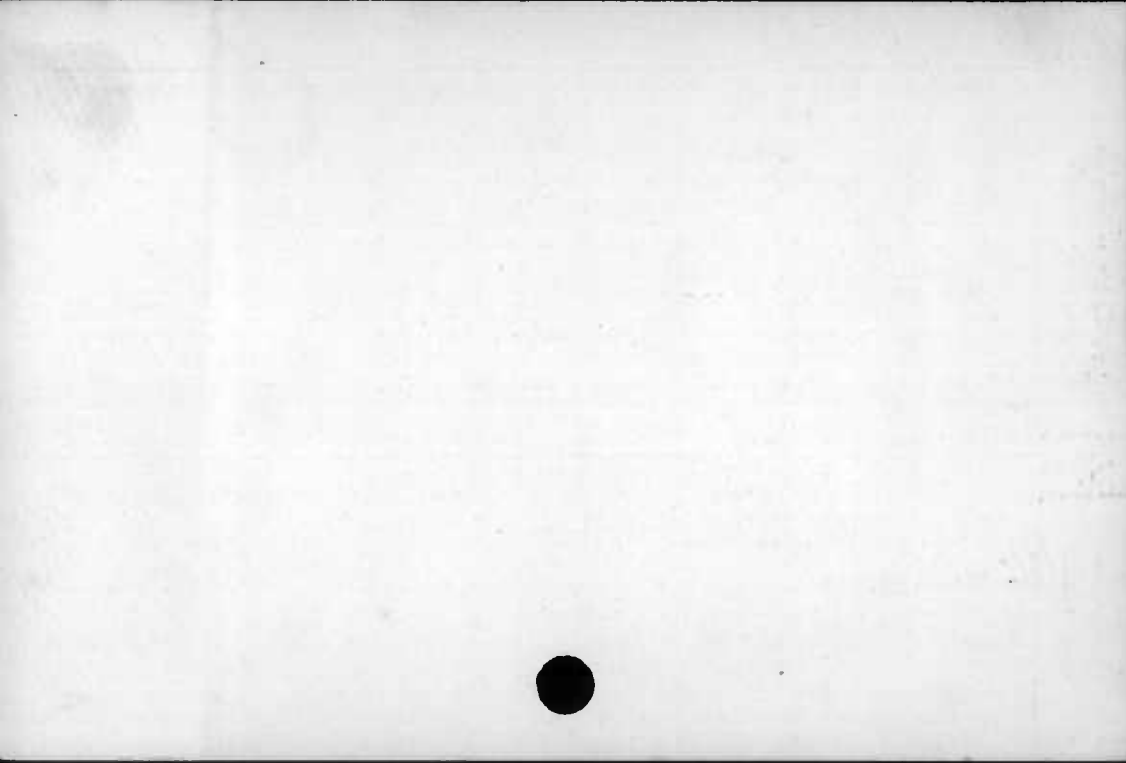
2 years

PHYSICIAN
OR CORONER

Primary <i>Diarrhoea</i>	Signature of Physician <i>Dr. S. J. Allen</i>
Immediate <i>Heart trouble</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Address <i>Upper Main road Somerset Co. Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
Alice Goldsborough		Lawsonia				Somerset		MARYLAND			
Died at		Month		Day		Years		Months		Days	
Date of death		1908 Aug		28		Age 17					
Sex		female		Color or Race		White		Birth-place		Lawsonia	
Occupation		Seamstress				Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Chas. Goldsborough				Father's Birthplace		New Jersey			
Mother's Maiden Name		Missprie Nelson				Mother's Birthplace		Somerset			
Name of person giving information		Chas. Goldsborough				How related to deceased		Father			
CAUSES OF DEATH											
Primary		Labor				How long		12 hours			
Immediate		Traumatic Convulsions				How long		4 hours			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		C. E. Baller			
						Address		Crawfield			
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

Helen Gonsa
Town

County

Somerset

MARYLAND

Died at

Shelton

Date
of death

1908 August 10

Age

Years

Months

Days

13

Sex

Female

Color or
Race

White (Bohemian)

Birth-
place

Ind.

Occupation

None

Where Residing if not
at place of death

Shelton

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Alexandra Gonsa

Father's
Birthplace

Bohemia

Mother's
Maiden Name

Anna Gonsa

Mother's
Birthplace

Bohemia

Name of person giving
Information

Jas. Hendry

How related
to deceased

None

CAUSES OF DEATH

104

Primary

Stomach Trouble

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Wm. in attendance.

Address

E. A. Lankford

Accident or Suicide

Sur Reg. Marion Ind.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Leviza Hargis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

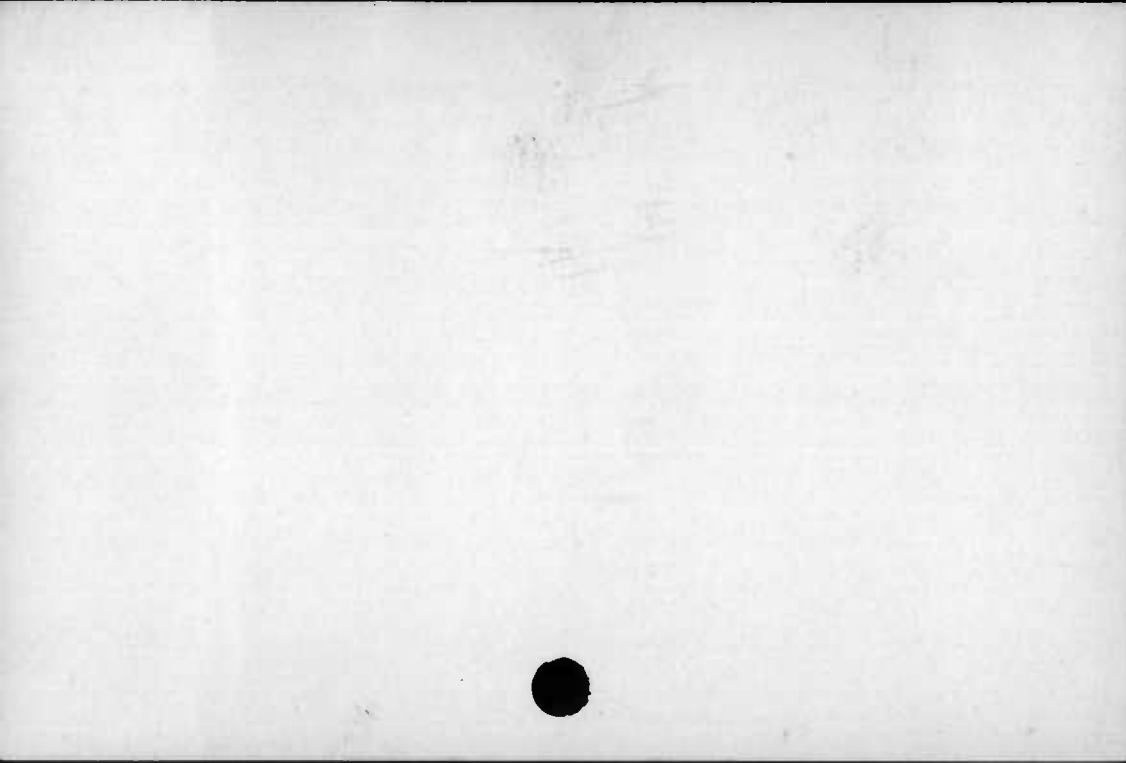
Died at		Town Marion		County Somerset		MARYLAND	
Date of death		1908	Month Aug	Day 12	Age 2	Months —	Days —
Sex Female		Color or Race Black		Birth- place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Lewis Hargis				Father's Birthplace Md			
Mother's Maiden Name Estelle				Mother's Birthplace Md			
Name of person giving In formation Lewis Hargis				How related to deceased Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Incontinence	How long	3 mos
Immediate	General exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr L. A. B. Alley	
		Address Marion Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

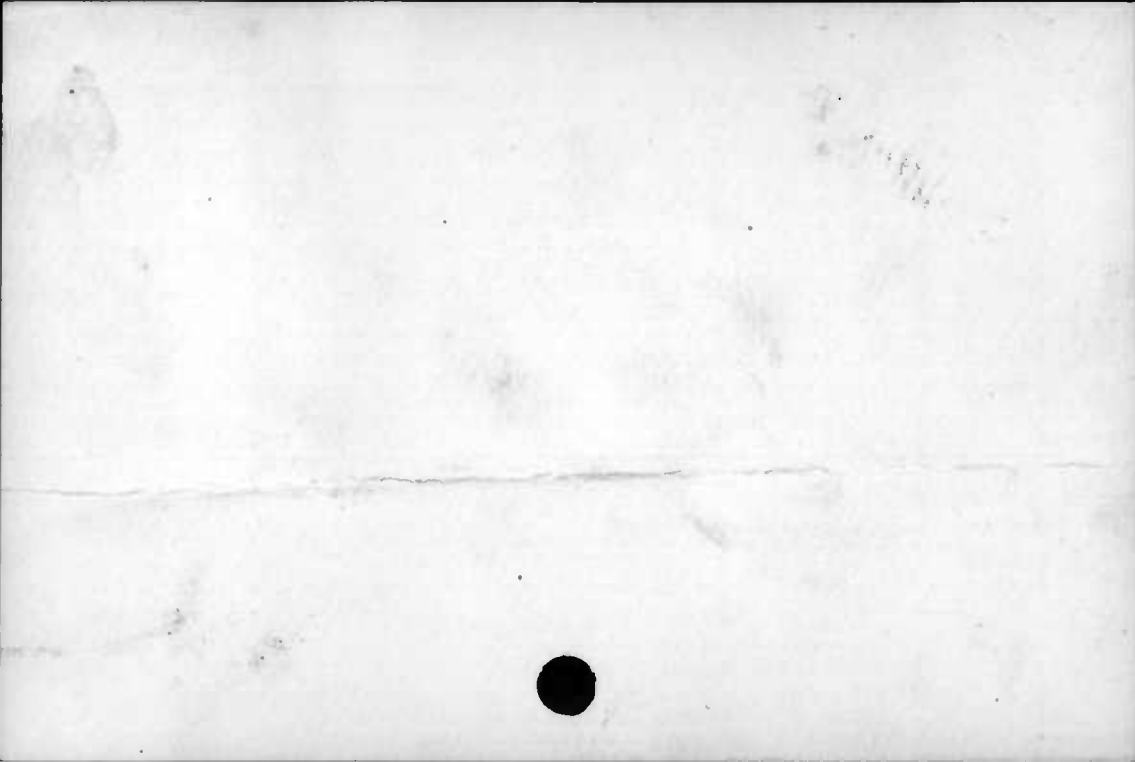
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edna Hopkins</i>		Town <i>Mr Kenon</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Mr Kenon</i>							
Date of death <i>1908 Aug</i>		Month <i>Aug</i>		Day <i>18</i>		Age <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mr Kenon</i>		Months <i>6</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James F. Hopkins</i>		Father's Birthplace <i>Mr Kenon</i>					
Mother's Maiden Name <i>Ella Marsh</i>		Mother's Birthplace <i>Mr Kenon</i>					
Name of person giving information <i>James F. Hopkins</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo R. Marsh Sub Reg.</i>
	Address <i>Princeps Arm Md</i>
	<i>Route # 2</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lawsonia</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>21</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Lawsonia</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel Johnson</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Caroline Byrd</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving information <i>Samuel Johnson</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long <i>10 days</i>
Immediate	<i>pyrexia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. O. Callin</i>
		Address <i>Croftfield</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

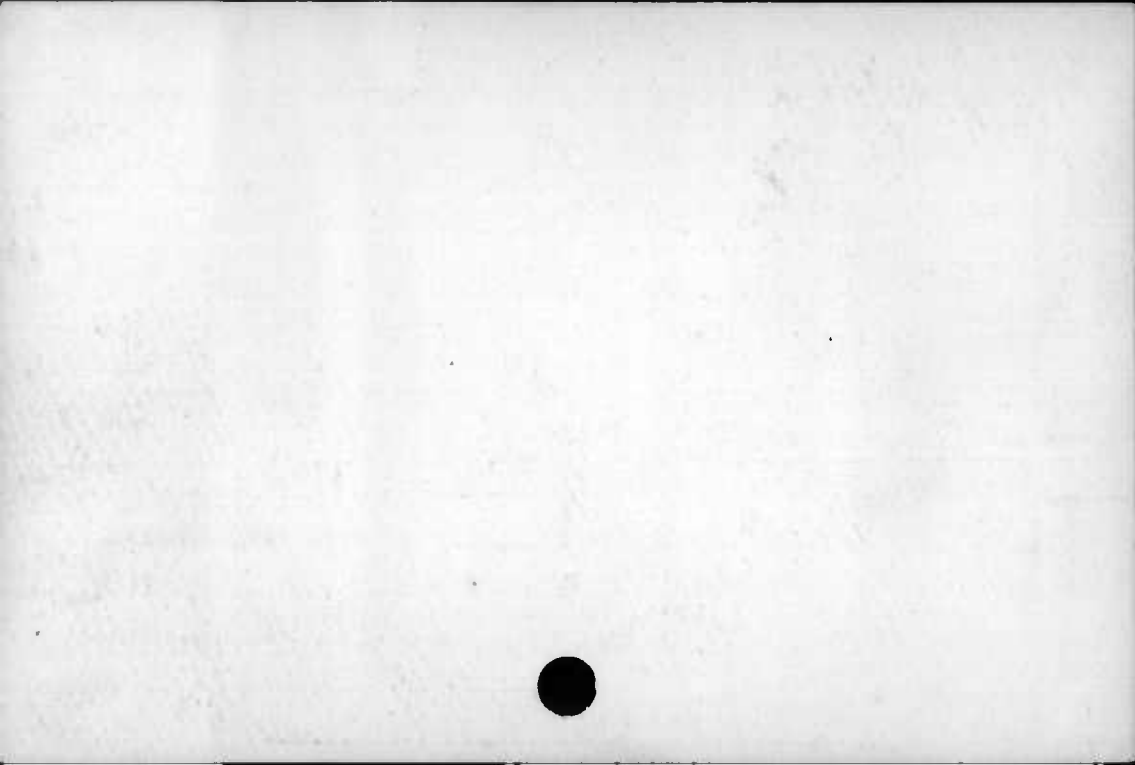
Died at		Town <i>Chamce</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1908	Month <i>Aug</i>	Day <i>1</i>	Age	Years	Months <i>1</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Som Co</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>James Jones</i>				Father's Birthplace <i>Som Co</i>			
Mother's Maiden Name <i>Mantla Reed</i>				Mother's Birthplace <i>Som Co</i>			
Name of person giving information <i>James Jones</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cardiopathy</i>	How long	<i>2 weeks</i>
Immediate	<i>Asthma</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. J. [illegible]</i>	
<i>yes</i>		Address <i>Thomas [illegible]</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

W. E. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

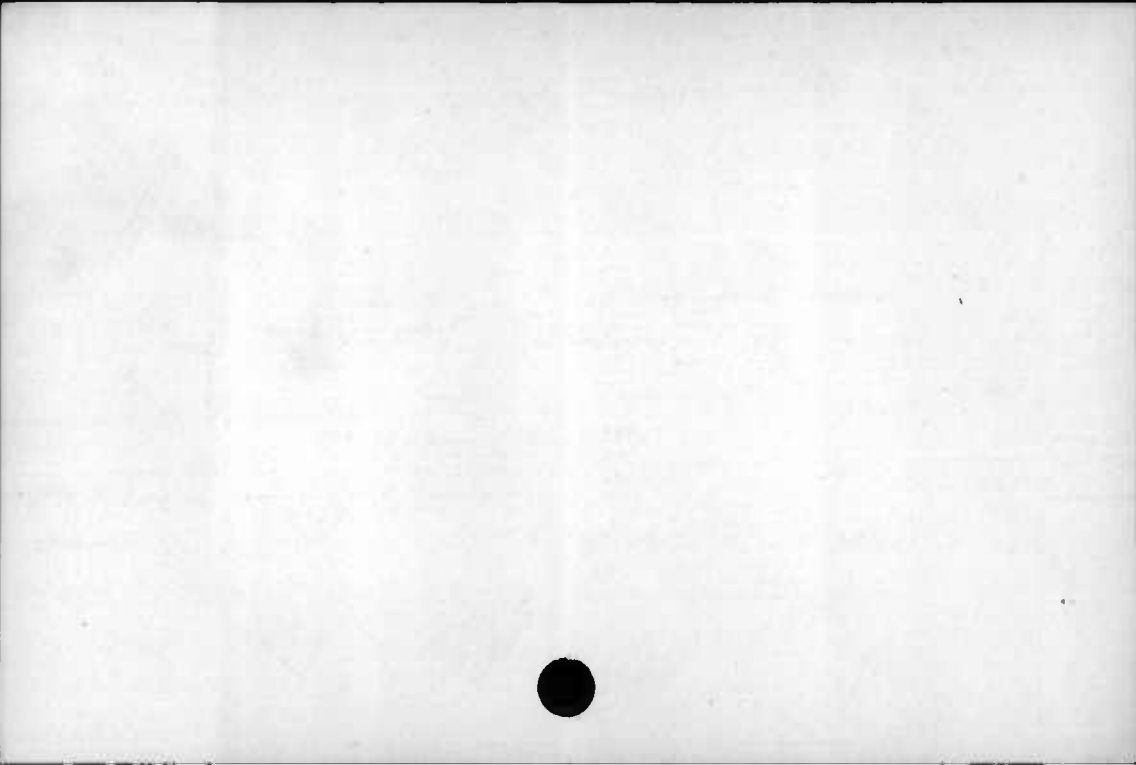
Died at		Town Cheney		County Somerset		MARYLAND	
Date of death		1908	Month Aug	Day 7	Age 62	Years Months Days	
Sex male		Color or Race white		Birth- place Somerset, Md.			
Occupation dry cleaner				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Edw. Jones		Father's Birthplace Som. Co.					
Mother's Maiden Name Susan Meredith		Mother's Birthplace Som. Co.					
Name of person giving Information Geo. Jones		How related to deceased Brother					

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	angina pectoris heart failure	How long 6 weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		J. J. Windsor, M.D.
Address		Bagley, Quinter Somerset Co., Md.
Accident or Suicide?		No



Name
in
Full

Emma J. Lauckford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

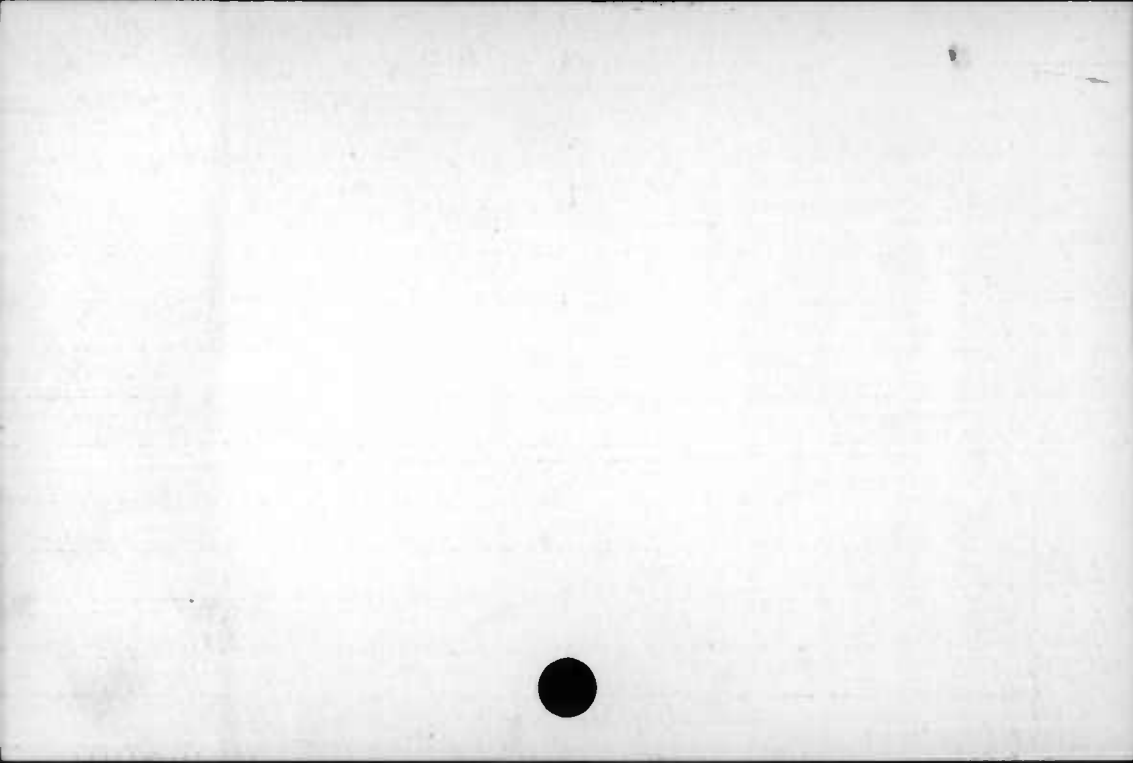
Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>5</i> <small>Age</small>	<i>417</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Somerset, Co. Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Isaac Lauckford</i>					
Father's Name <i>Henry C. Connor</i>			Father's Birthplace <i>Somerset, Co. Md</i>		
Mother's Maiden Name <i>Mary Connor</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Robert F. Adams</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Chronic Diarrhoea</i>	How long <i>Many years</i>
Immediate <i>General Break Down</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Somers</i>
	Address <i>Crisfield Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

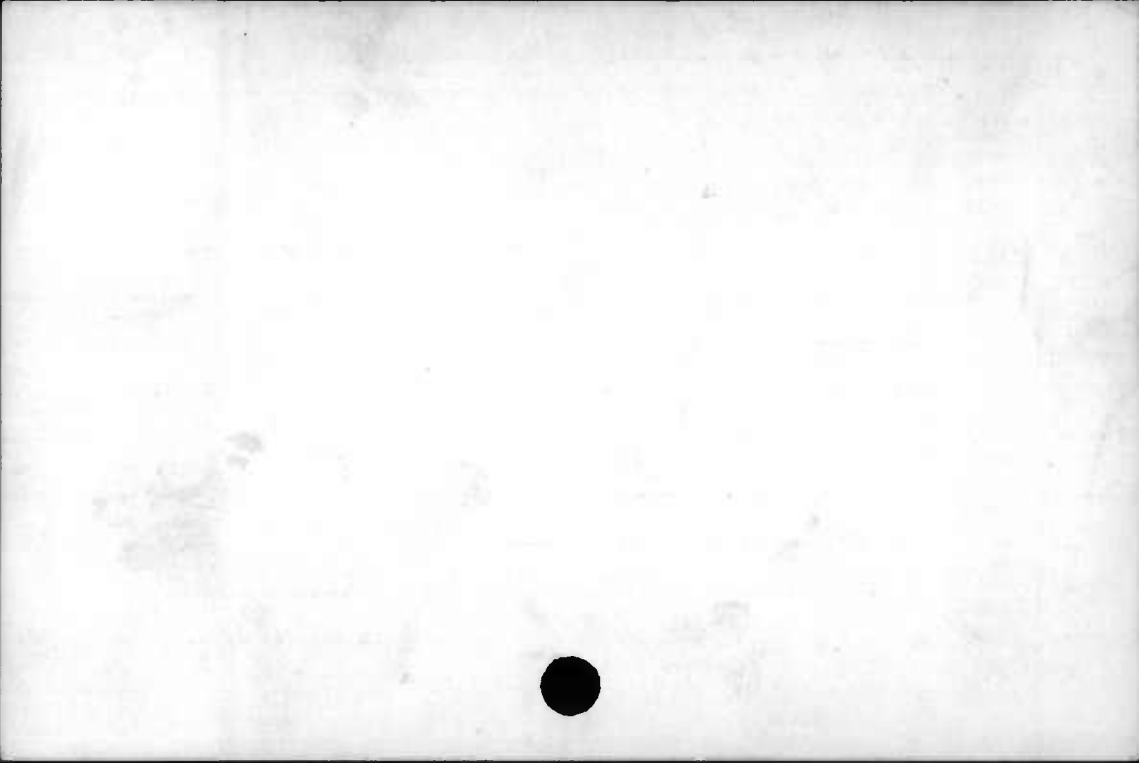
Name in Full <i>Lena M. Long</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pocomoke City</i>		Month <i>Aug</i>		Day <i>4</i>		Years <i>7</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>4</i>		Years <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anneret Co</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>			
Father's Name <i>Gaut Long</i>				Father's Birthplace <i>Pocomoke City</i>			
Mother's Maiden Name <i>Lena Sickerrow</i>				Mother's Birthplace <i>Anneret Co</i>			
Name of person giving Information <i>Gaut Long</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary <i>Stomach poisoning</i>		How long <i>24 hours</i>	
Immediate <i>caused by eating stale candy</i>		How long <i>✓</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hale</i>	
		Address <i>Pocomoke City, Md</i>	
Accident or Suicide?			



Name
in
Full

Hennie Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

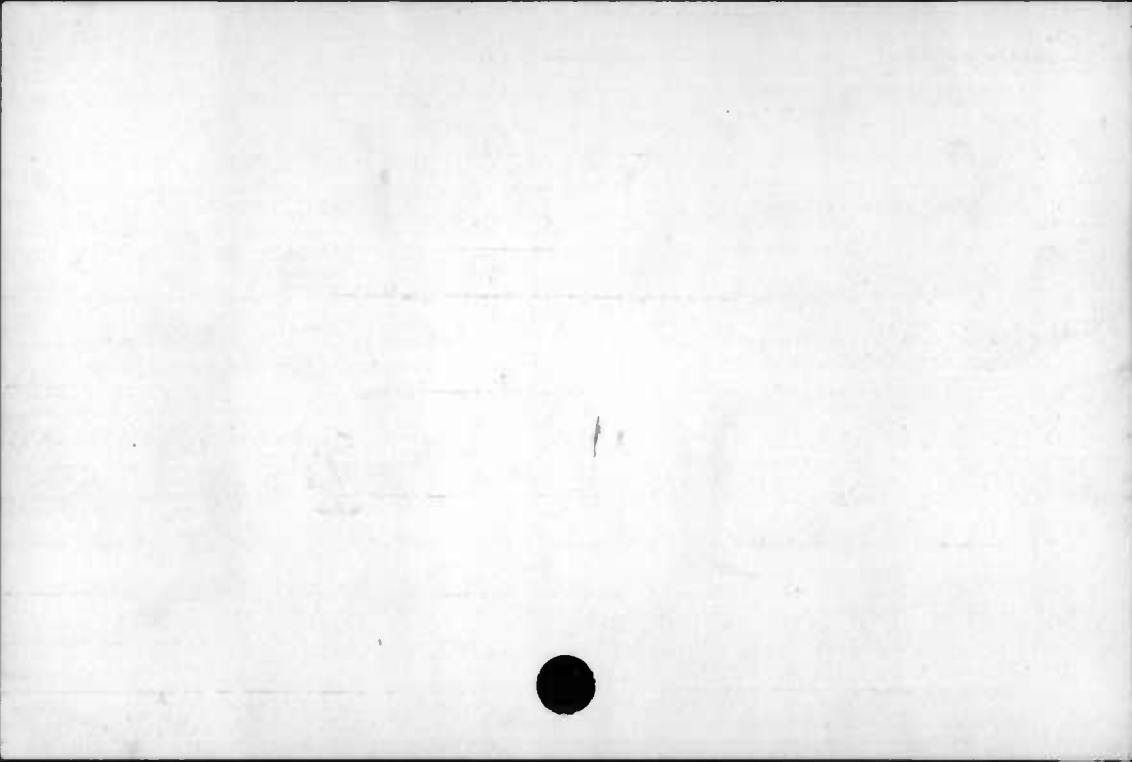
Died at <i>Fairmont</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>Aug</i> Day	Age <i>79</i> Years	<i>no</i> Months	<i>no</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>don't know</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at her home</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William Maddox</i>			
Father's Name <i>Harry Small</i>		Father's Birthplace <i>Fairmont, Md.</i>			
Mother's Maiden Name <i>Grace Fontaine</i>		Mother's Birthplace <i>Fairmont, Md.</i>			
Name of person giving information <i>Robert Maddox</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

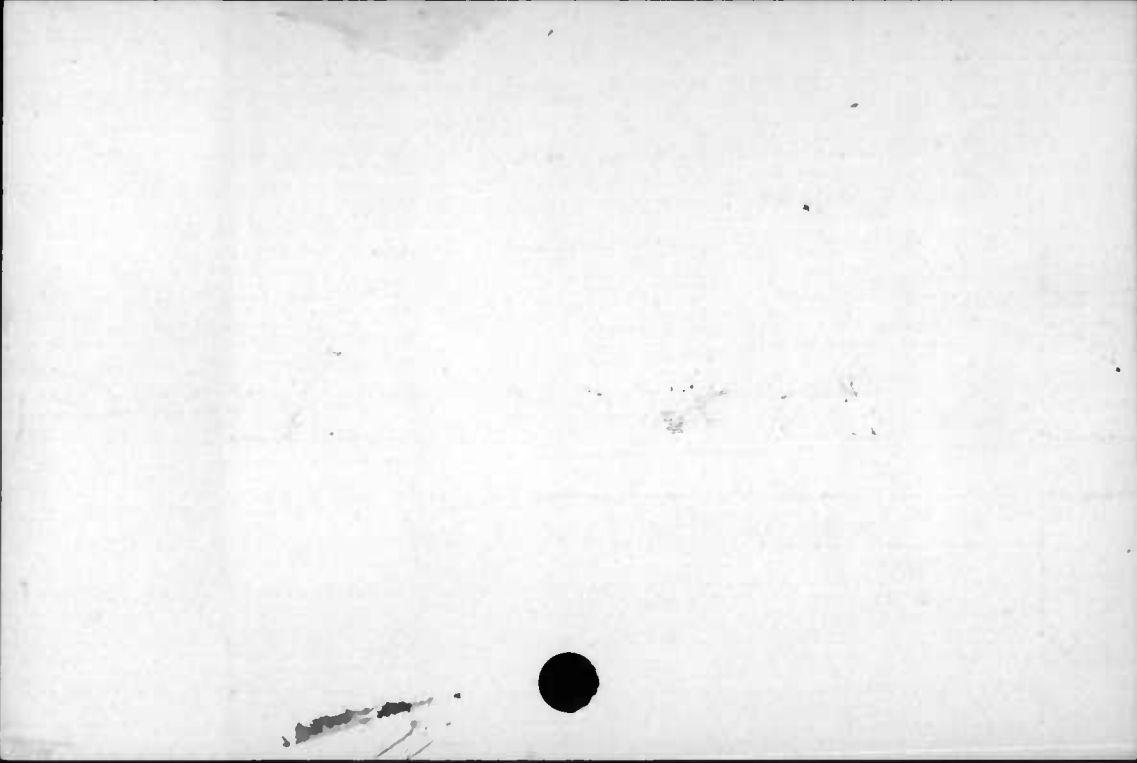
85

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage</i>	How long	<i>don't know</i>
Immediate		How long	<i>don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. W. Landon, Sub. Reg.</i>	
		Address <i>Landonville, Md.</i>	
Accident or Suicide?			



Name in Full Alice Mason		Town Daugherty Loun		County Somerset		STATE MARYLAND	
Died at Daugherty Loun		Date of death 1908		Age 72		Months 24	
Sex Female		Color or Race White		Birth-place Katonia, Md.			
Occupation Home work		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Lloyd Mason					
Father's Name Harvey Walker		Father's Birthplace Somerset Co.					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Lloyd Mason		How related to deceased Husband					
CAUSES OF DEATH							
Primary Catarhal Laryngitis		How long 2 weeks					
Immediate Acute Laryngitis		How long 2 weeks					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. S. Callin					
		Address Croft					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

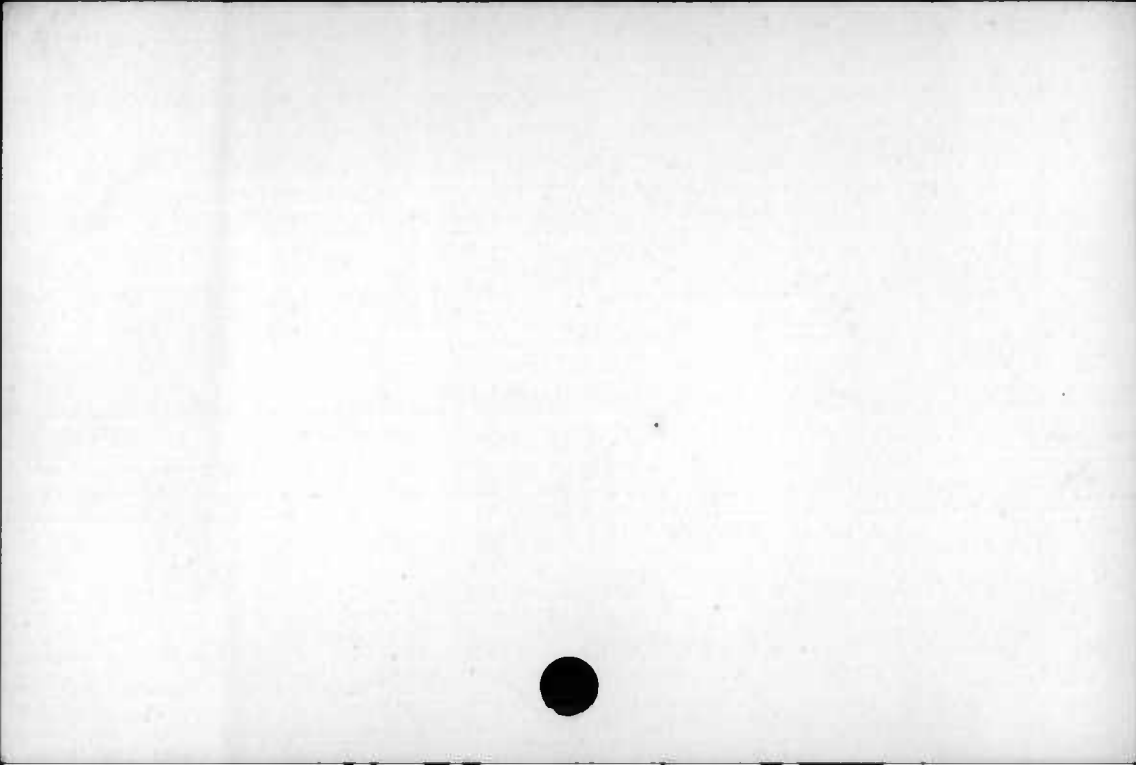
Died at Crisfield <small>Town</small>		Somerset <small>County</small>		MARYLAND	
Date of death 190 8 Aug <small>Month</small>		14 <small>Day</small>	— <small>Years</small>	— <small>Months</small>	1 <small>Days</small>
Sex Male	Color or Race White		Birth place Crisfield Md		
Occupation None	Where Residing if not at place of death Crisfield				
Married, Single or Widower Single	Name of Wife or Husband None				
Father's Name Poland Matthews			Father's Birth place Crisfield Md		
Mother's Name Mrs Miller			Mother's Birth place Stomoke Md		
Name of person giving information Poland Matthews			How related to deceased Mother		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth	How long —
Immediate "	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm H. Coulbourn
	Address Crisfield - Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rebecca Nutt

Died at *Mt Vernon* Town*Somerset* County

MARYLAND

Date of death *1908 Aug* MonthDay *1st*Age *41* Years

Months

Days

Sex *Female*Color or Race *Negro*Birth-place *Mt Vernon*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband

*James Nutt*Father's Name *Dennis Bloodworth*Father's Birthplace *Mt Vernon*Mother's Maiden Name *Rachel (Unknown)*Mother's Birthplace *Mt Vernon*Name of person giving information *James Nutt*How related to deceased *Husband*

CAUSES OF DEATH

132

Primary *Pyosalpingitis (operation)*How long *1 year*Immediate *General Peritonitis*How long *36 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

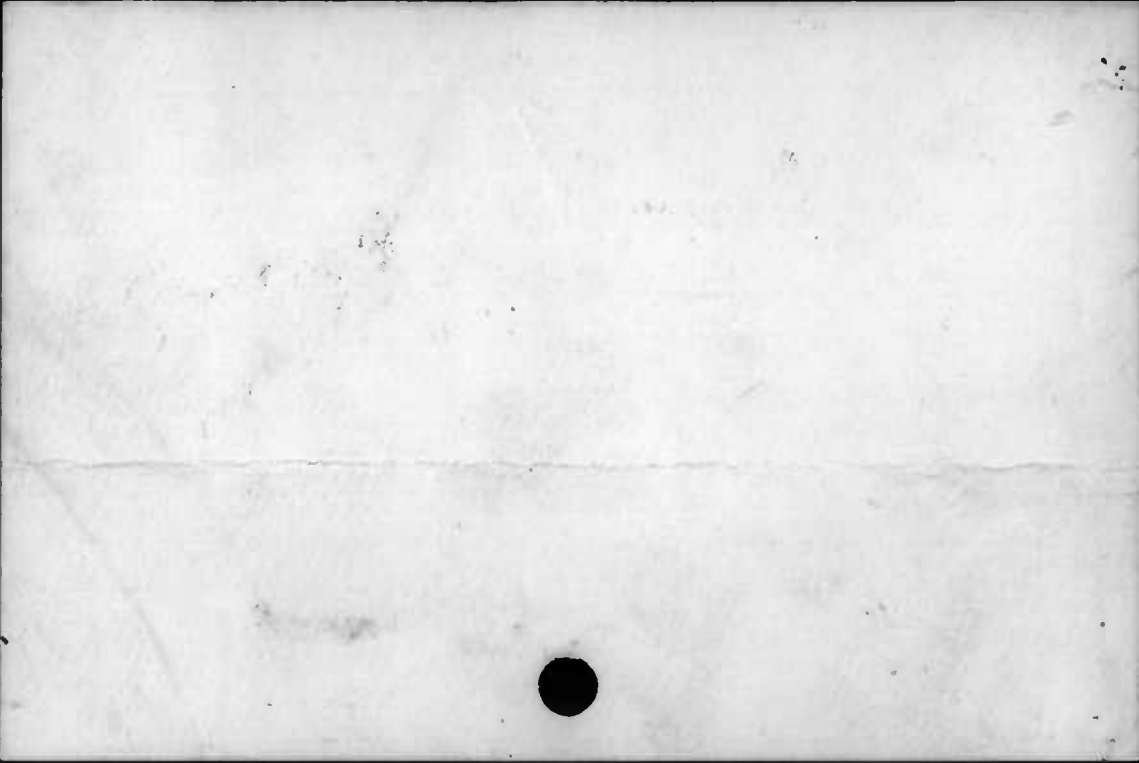
Signature of Physician

H. A. Barnes M.D.

Address

*Princess Anne**P.F.D. No 2. Md*

Accident or Suicide?



Name
in
Full

Maggie Duse

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died

Date

1908

Month

Aug

Day

20

Years

31

Months

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Seamstress

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Clarence Duse

Father's
Name

Henry Boorman

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary J Boorman

Mother's
Birthplace

Md.

Name of person giving
In formation

R H Boorman

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis About 3 years

Immediate

Pulmonary Oedema

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

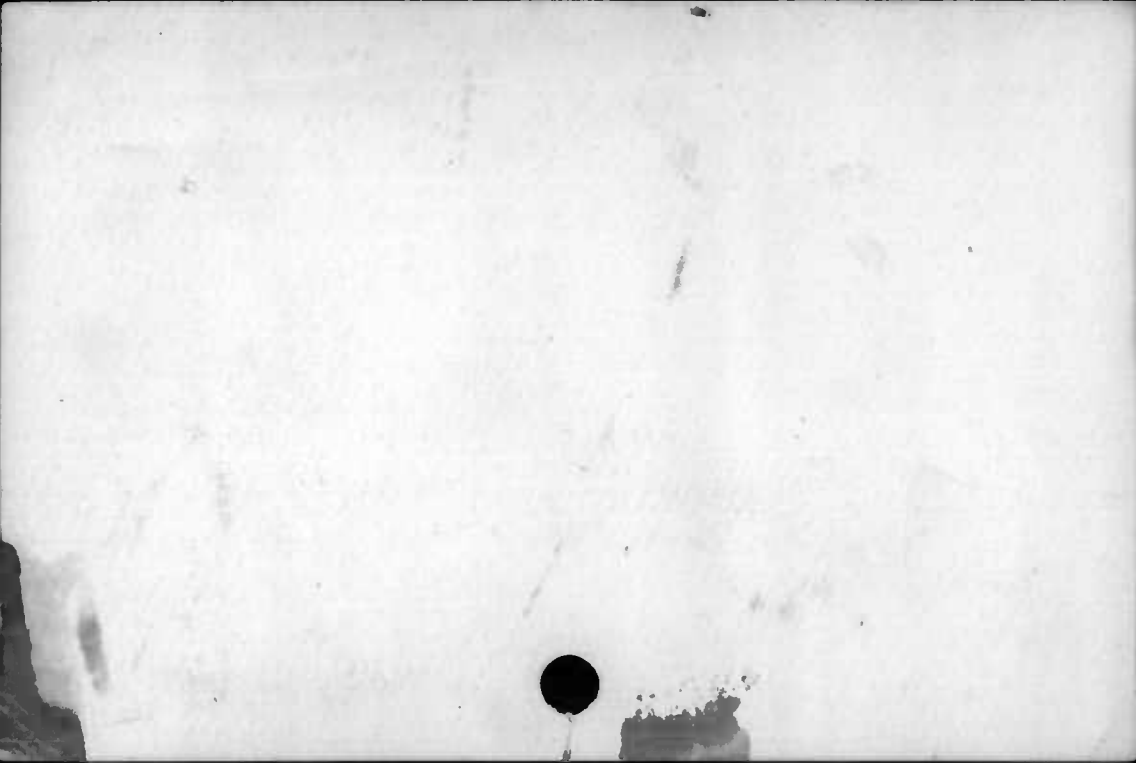
Clarence Duse

Address

Princeton, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Trippie Martin Roberts</i>		Town <i>James</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>15</i>		Years <i>4</i>	
Date of death 190 <i>8</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>—</i>		Birth-place <i>Sum. Co.</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Preston Roberts</i>				Father's Birthplace <i>and</i>			
Mother's Maiden Name <i>Ellen Jenkins</i>				Mother's Birthplace <i>and</i>			
Name of person giving information <i>Preston Roberts</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Dis-Colitis</i>	How long <i>7 mos.</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Mendenhall</i>
	Address <i>Sum. Co., Tenn.</i>
Accident or Suicide?	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i> ^{Town}		<i>Sterling</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Aug</i>	Day <i>14</i>	Age	Months	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Marion</i>		
Occupation _____	Where Residing if not at place of death <i>Marion</i>				
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name <i>Lewis Sterling</i>	Father's Birthplace <i>Marion</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving Information <i>Lewis Sterling</i>	How related to deceased <i>father</i>				

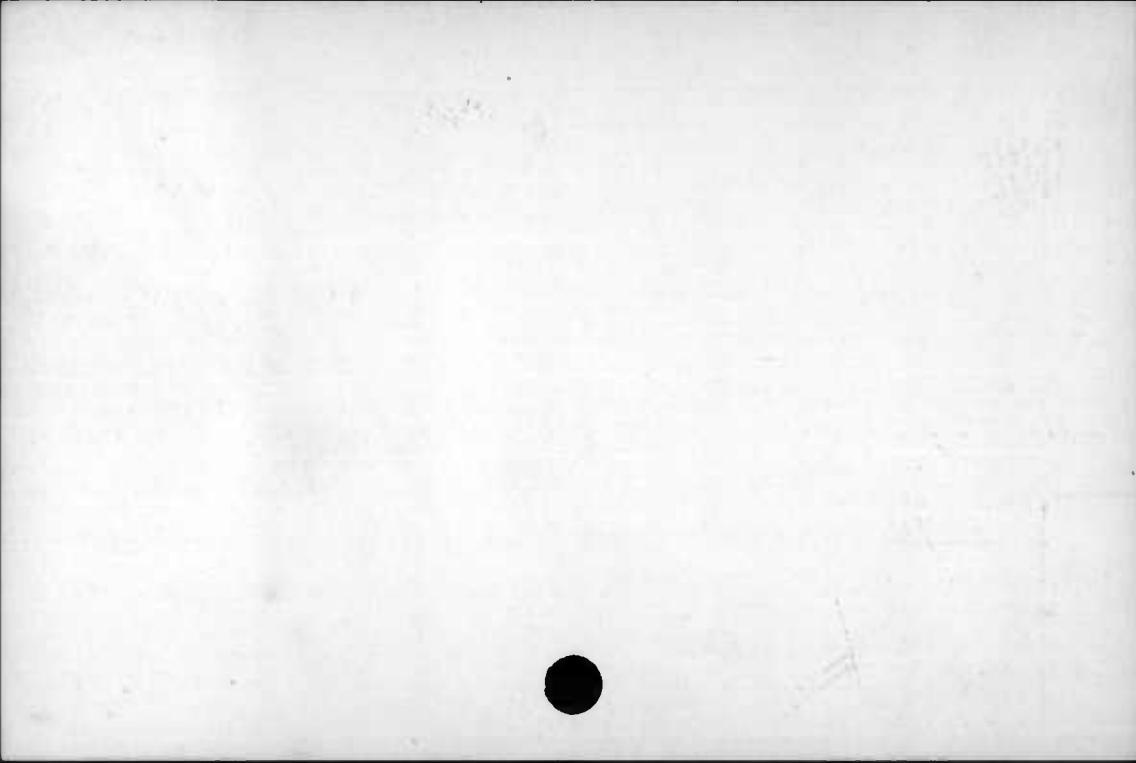
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>1 month</i>
Immediate <i>Weakness</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. A. Sanford. Sub Reg</i>
	Address <i>Marion Sta Ind.</i>
Accident or Suicide	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Beltortha Sterling</u> Town		County <u>Lawsonia</u>	
		Died at <u>Lawsonia</u> Month		County <u>Lawsonia</u>	
		Date of death <u>1908 Aug 16</u> Month Day		Age <u>3</u> Years Months Days	
		Sex <u>Female</u>		Color or Race <u>Black</u>	
		Occupation <u></u>		Birth-place <u>Lawsonia</u>	
TO BE ANSWERED BY NEAREST FRIEND		Where Residing if not at place of death <u></u>			
		Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>	
		Father's Name <u>Clarence Sterling</u>		Father's Birthplace <u>Lawsonia</u>	
		Mother's Maiden Name <u>Minnie Harbey</u>		Mother's Birthplace <u>Marion</u>	
		Name of person giving information <u>Clarence Sterling</u>		How related to deceased <u>Father</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Dysentery</u>		How long <u>3 weeks</u>	
		Immediate <u>Dysentery</u>		How long <u>2 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u></u>		Signature of Physician <u>C. E. Allen</u>	
				Address <u>Onifield Md.</u>	
		Accident or Suicide? <u></u>			



Name
in
Full

William H. Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mt Vernon* Town*Somerset* - County

MARYLAND

Date
of death *1908*Month
*8*Day
19

Age

Years

Months
8

Days

Sex

*Male*Color or
Race*White*Birth-
place*Mt Vernon*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*C. W. Tyler*Father's
Birthplace*Somerset Co.*Mother's
Maiden Name*Esther Griffith*Mother's
Birthplace*Somerset Co.*Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

105

Primary

Acute Gastric Enteric Intoxication

How long

5 weeks

Immediate

Cholera

How long

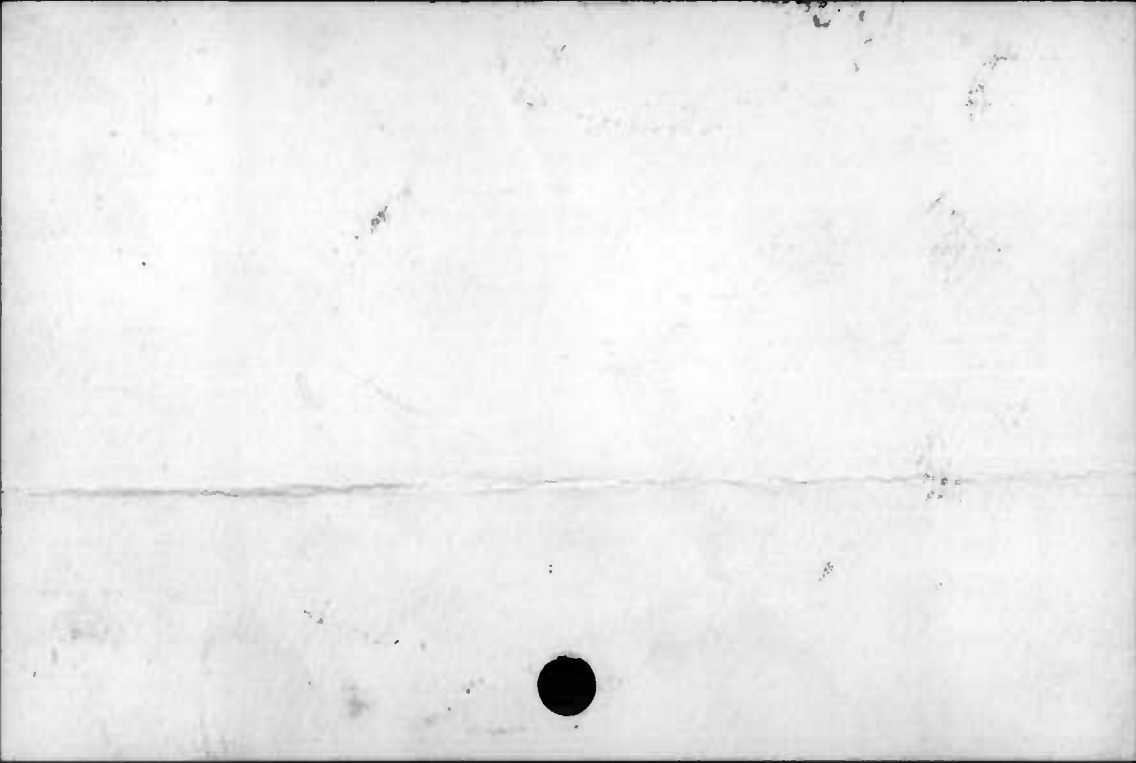
*36 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. A. Barnes M.D.*

Address

*Cross Creek Md
P.O. No 21*

Accident or Suicide?

PHYSICIAN •
OR CORONER



Name
in
Full

Mallie Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

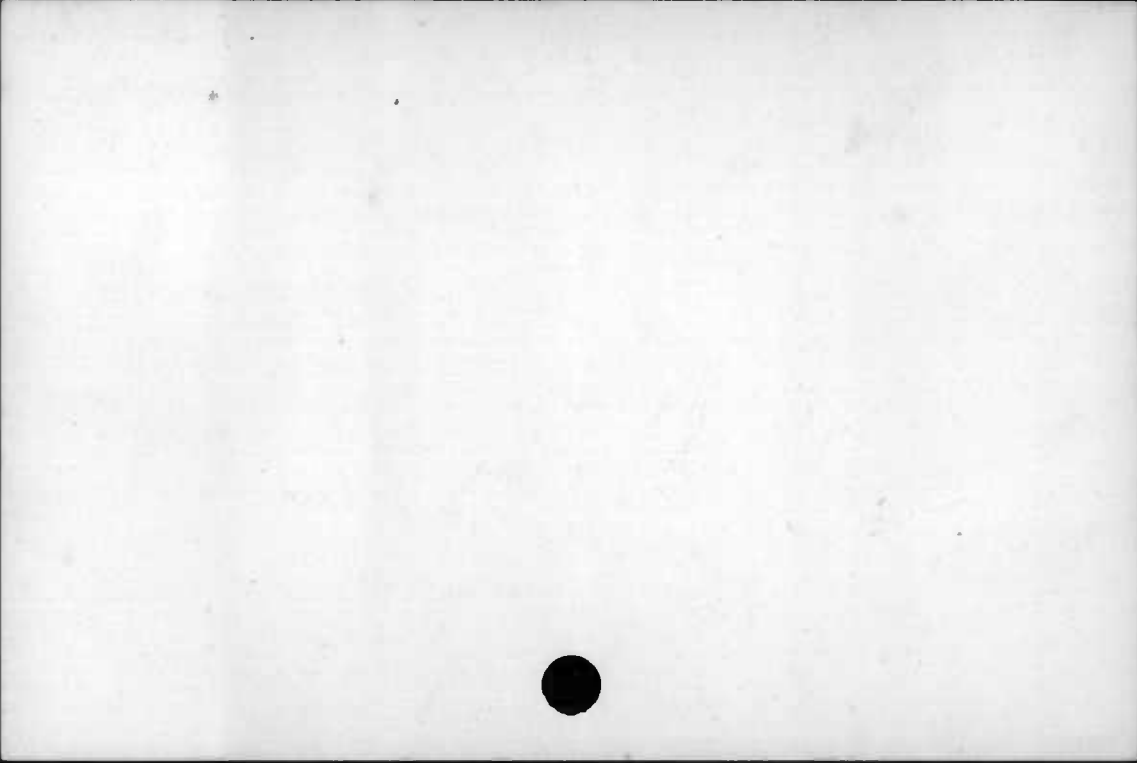
Died at Deal's Island		Tcwn Somerset		County		MARYLAND	
Date of death	1908	Month	Aug	Day	3 rd	Age	Years 28
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	House wife			Where Residing if not at place of death Deal's Island Md.			
Married, Single or Widowed	Single		Name of Wife or Husband	Mallie Webster			
Father's Name	Samuel S. Webster					Father's Birthplace	Maryland
Mother's Maiden Name	Emma Webster					Mother's Birthplace	Maryland
Name of person giving information	Ella Horner					How related to deceased	Sister

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER.

Primary	Exhaustion	How long	3 weeks
Immediate	Pneumonia with typhoid	How long	12 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. J. [Signature]
		Address	Deals Island, Md.
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James A White*

Died at *Habersham* Town

Savannah County

MARYLAND

Date of death *1908 Aug*

Day *30*

Years *57*

Months

Days

Sex *male*

Color or Race *Balord*

Birth-place *MD*

Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *married*

Name of Wife or Husband *Betsy White*

Father's Name *Unknown*

Father's Birthplace *Ind.*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Ind.*

Name of person giving information *Sister White*

How related to deceased *Sons*

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary *Endocarditis*

How long *2 yrs*

Immediate *Cardiac Distress*

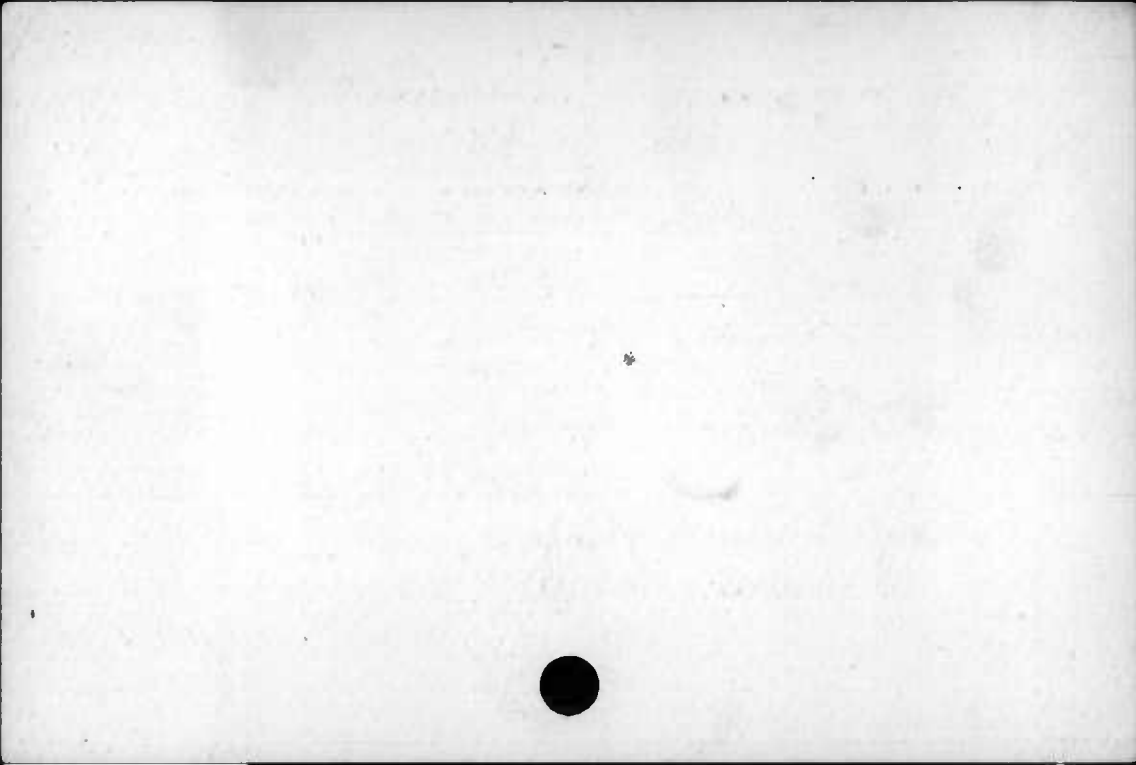
How long *2 wks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Chas J. Fisher MD*

Address *Princess Anne MD*

Accident or Suicide?



Name
in
Full

Not Nouned

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Deal Island* *Somerset* County *MARYLAND*

Date of death *1908 Aug 8* Month *8* Day *8* Age *14* Years Months Days

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Jim White* Father's Birthplace *md*

Mother's Maiden Name *Lizzie Parkerson* Mother's Birthplace *md*

Name of person giving information *Jim White* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

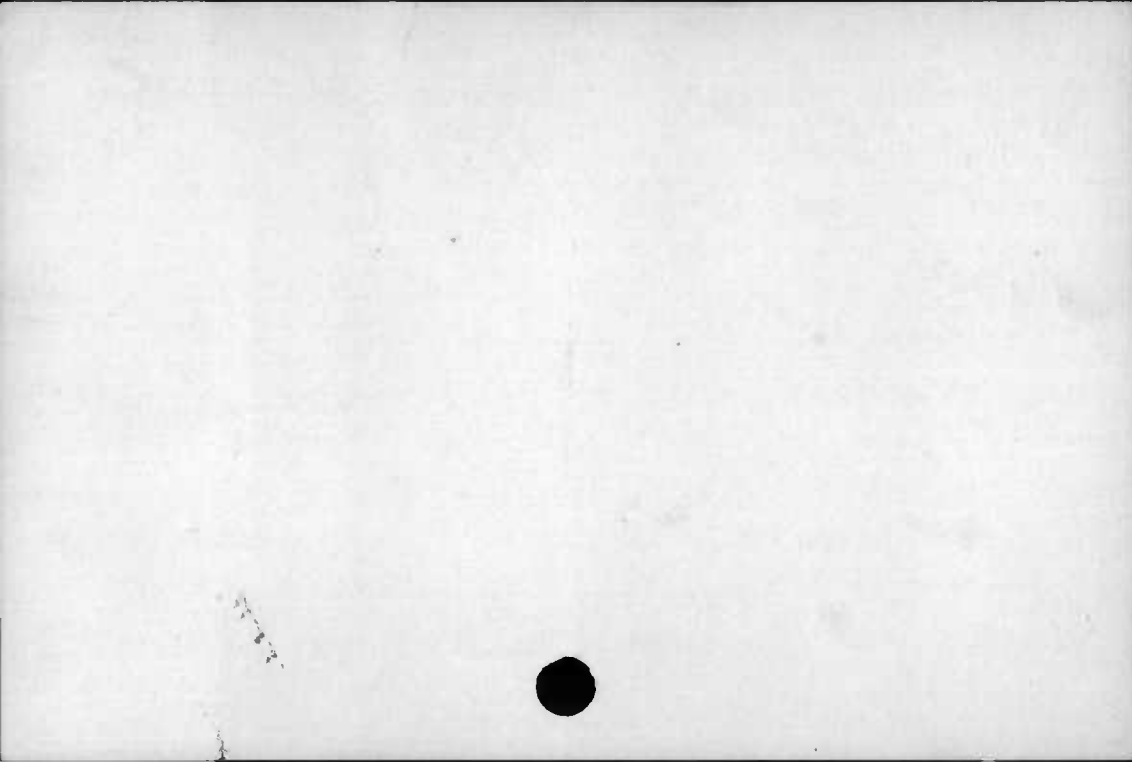
Primary *Inanition (probably)* How long *Since birth*

Immediate *Attenia* How long *Since birth*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Alexander* Address *Bemera & Co*

Accident or Suicide? *—*



Name
in
Full

Randall White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

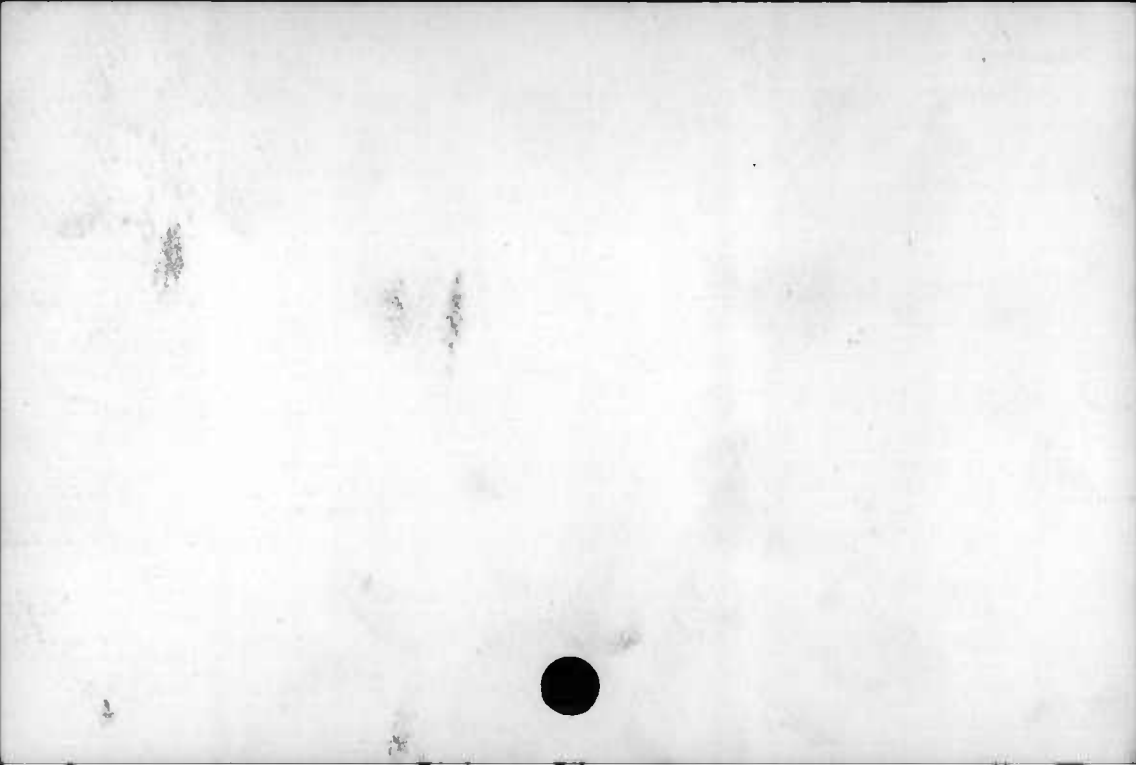
Died at		Town Somersworth		County Somerset		MARYLAND	
Date of death	1908	Month Aug.	Day 24	Age Years	1	Months	4
Sex	male		Color or Race	white		Birth- place	Som. Co.
Occupation	—			Where Residing if not at place of death		Baltimore, Md.	
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	David White					Father's Birthplace	Som. Co.
Mother's Maiden Name	Mattie Long					Mother's Birthplace	Som. Co.
Name of person giving In formation	David White					How related to deceased	Grand Father

CAUSES OF DEATH

179

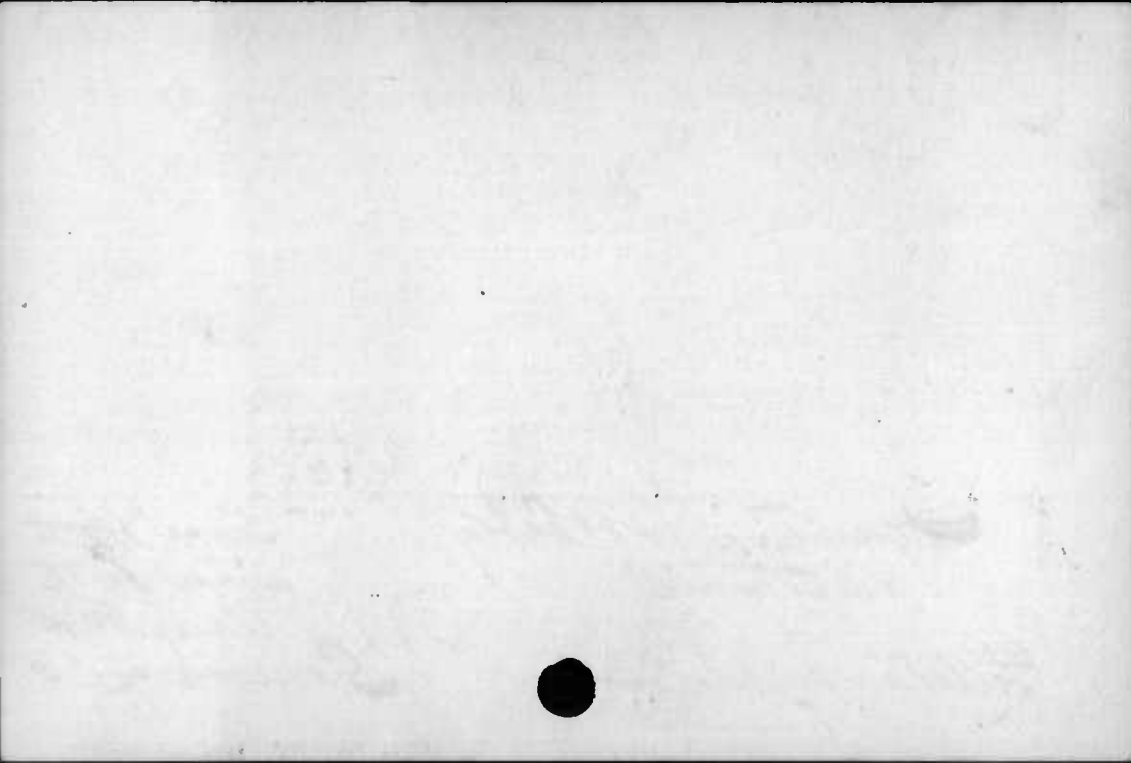
PHYSICIAN
OR CORONER

Primary	Murder	How long	2 years
Immediate	Convulsions	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. J. Windsor, M.D.
		Address	Somersworth, Somersworth Co., Md.
Accident or Suicide?	no		



Name in Full		Milton Whittington		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Marion		Somerset		MARYLAND	
	Date of death		1908	Month Aug	Day 12	Age	Years	Months 3
	Sex		Male		Color or Race		Black	
	Occupation		Infant		Where Residing if not at place of death		Marion Md	
	Married, Single or Widowed		Infant		Name of Wife or Husband		Infant	
	Father's Name		Eddie Whittington		Father's Birthplace		Marion Md	
	Mother's Maiden Name		Anna Custis		Mother's Birthplace		Somerset Co	
	Name of person giving Information		Robt Daniel		How related to deceased		No Relation	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Ilio Colitis		How long		one week	
	Immediate		Exhaustion		How long		-	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. J. A. B. Alley	
					Address		Marion Md.	
	Accident or Suicide?							

105



Name
in
Full

Dorris Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Crisfield</i>		^{County} <i>Somerset</i>		MARYLAND	
Date of death	1908	^{Month} <i>Aug</i>	^{Day} <i>31</i>	^{Years} <i>3</i>	^{Months} <i>3</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Crisfield Md</i>
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	<i>John Wilson</i>			Father's Birthplace	<i>Crisfield Md</i>
Mother's Maiden Name	<i>Minnie Scott</i>			Mother's Birthplace	<i>Virginia</i>
Name of person giving Information	<i>John Wilson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>2 weeks</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H F Hall</i>
		Address	<i>Crisfield Md</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brins Island</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Aug</i>	Day <i>10</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Som. C.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>			Name of Wife or Husband				
Father's Name <i>Edgar Wilson</i>			Father's Birthplace <i>Som. C.</i>				
Mother's Maiden Name <i>Whinnie Windsor</i>			Mother's Birthplace <i>Som. C.</i>				
Name of person giving information <i>Edgar Wilson</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>typhoid fever</i>	How long <i>8 weeks</i>
Immediate <i>typhoid</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Address]</i>
Accident or Suicide? <i>no</i>	

